

1344

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No.

289

Registrar's No.

1833

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location St. Monica  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution Nine Days; In Community Nine Days; In Arizona 7 Years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Snowflake  
(If outside city limits also write RURAL)  
(d) Street No. Snowflake, Arizona (e) Citizen of foreign country (Yes or No) No  
(f) If Yes, which country \_\_\_\_\_ (g) Social Security No. \_\_\_\_\_  
3. (a) FULL NAME Francis R. Tucker (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Race White 6. (a) Single, married, widowed or divorced Married  
6. (b) Name of husband or wife G. W. Tucker 6. (c) Age of husband or wife, if alive 40 yrs.

7. Birthdate of deceased January 12, 1912  
(Month) (Day) (Year)  
8. AGE: Years 32 Months 11 Days 15 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ogden, Utah  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business \_\_\_\_\_

12. Name John Robb Purrington  
13. Birthplace West Weber, Utah  
(City, town or county) (State or Country)

14. Maiden Name Laggie Mc Cloy  
15. Birthplace Riverdale, Utah  
(City, town or county) (State or Country)

16. (a) Informant's own signature G. W. Tucker  
(b) Address Snowflake, Arizona

17. (a) Burial, Cremation or Removal Removal  
(b) Place Ogden, Utah (c) Date 11/28/44

18. (a) Embalmer's Signature L. M. Mortensen  
(b) Funeral Director Mortensen-Kingsley  
(c) Address 1020 West Washington

19. (a) NOV 28 1944  
(b) Dr. Carl J. Hughes  
(Registrar's Signature)

18 30M-100% Rag-5/21/43

MEDICAL CERTIFICATION

November 27, 1944

20. DATE OF DEATH (Month, day and year) Nov 27, 1944  
TIME (Hour and minute) 9:25 A.M.

21. I hereby certify that I attended the deceased from Nov 19, 1944 to Nov 27, 1944  
that I last saw him alive on Nov 27  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Rheumatic Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Bronchopneumonia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy See above

DURATION

2 yr

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or Town) (County) State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_

23. Signature Dr. Carl J. Hughes M. D.

Address 15 E. Monroe Date signed Nov 28-44